

AFFIDAVIT OF SERVICE

UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF NEW YORK

Civil Number: 15-CV-6569
Date Filed: 09/22/2015

Plaintiff(s):

MATTHEW FERO, SHIRLEY KRENZER, ERIN O'BRIEN, Individually and on behalf of all others similarly situated
vs

Defendant(s):

EXCELLUS HEALTH PLAN, INC. and LIFETIME HEALTHCARE, INC.

STATE OF NEW YORK

COUNTY OF MONROE SS.:

SHEY SMITH, the undersigned, being duly sworn, deposes and says that I was at the time of service over the age of eighteen and not a party to this action. I reside in the State of New York.

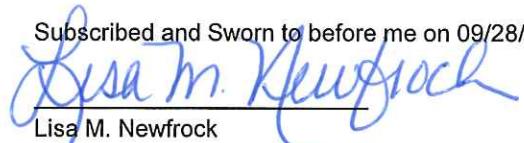
On 09/25/2015 at 1:26 PM, deponent served the within **SUMMONS IN A CIVIL ACTION; CLASS ACTION COMPLAINT** on **EXCELLUS HEALTH PLAN, INC** at **165 COURT STREET, ROCHESTER, NY 14647** in the manner indicated below:

By delivering a true copy of each to and leaving with **DEBBIE D'AMBROSIO, LEGAL ASSISTANT** who stated he/she is authorized to accept service on behalf of the corporation/government entity.

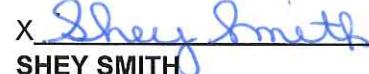
Description:

Gender: FEMALE Race/Skin: HISPANIC Age: 36 - 50 Yrs. Weight: 131-160 Lbs. Height: 5' 4" - 5' 8" Hair:
BROWN Glasses: NO Other:

Subscribed and Sworn to before me on 09/28/2015.


Lisa M. Newfrock

Notary Public, State of New York
No. 01NE6330541
Qualified in Monroe County
Commission Expires 09/14/2019


X Shey Smith

SHEY SMITH

Job #: 38066



AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 15-cv-6569

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) EXCELLUS HEALTH PLAN, INC.
 was received by me on (date) 9-25-15.

I personally served the summons on the individual at (place) _____
 on (date) _____; or

I left the summons at the individual's residence or usual place of abode with (name) _____
 , a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

I served the summons on (name of individual) DEBBIE D'AMBROSIO, ^{Legal ASSISTANT}
 designated by law to accept service of process on behalf of (name of organization) EXCELLUS
HEALTH PLAN, INC. on (date) 9-25-15@ ^{1:26 PM}; or

I returned the summons unexecuted because _____; or

Other (specify): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 9/28/15Shey Smith

Server's signature

SHEY SMITH

Printed name and title

45 Exchange Blvd. - St. 200
Roch. Ny 14614
 Server's address

Additional information regarding attempted service, etc: